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WHAT DOES THE STUDENT NURSE EXPECT OF THE ALUMNAE? ¹

BY MARY WRIGHT

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IN considering this subject my mind goes back to the days of probation. I am sure we all remember those first days in this strange, new world we were entering and the many and various experiences we had. Foremost among the impressions we received in those early days of training was a feeling of awe and respect for the senior student nurse. To be nearing the completion of a three years' course of training seemed to us a most enviable position and the knowledge which she must possess, almost unbounded. To her we went unhesitatingly when in need of advice, and if she vouchsafed us information on any subject we received it as coming from a reliable source. To be sure our ideas soon underwent a change and we learned that she had not yet reached the high pinnacle upon which we had placed her, yet in spite of this fact the senior nurse continued to exert an influence, for good or otherwise, over us, which, unconsciously perhaps, helped to mold our course through training.

In very much the same manner does the student nurse regard the alumnae. To whom should she go more freely for advice, and who should be more willing to advise her? Many of the members of the organization have had rich and varied experiences during the years since the days of training were finished and therefore, she feels, should be able to advise her wisely.

What are some of the things which she expects of the alumnae? It seems to me that one of the most important things she expects to find is loyalty,—loyalty to the training school. During the days spent within its walls the foundation is laid for our life work, to which our success in life is due, combined with the care with which we proceed to build upon this foundation. Therefore, to it the graduate nurse owes her allegiance and her earnest efforts to help in its growth. What a wonderful help the alumnae can be to the training school if they stand behind it, lending it their support in every effort toward advancement!

Then she expects loyalty to the profession and the high standards which it represents. Ours is not a secular profession. If we make it so it becomes a trade, and the meanest of trades, for we trade in the misfortunes of others. The spirit of religion must be in the life of

¹ Read at a meeting of the Indianapolis City Hospital Alumnae Association, September, 1921.

the nurse and the student nurse expects to find this earnest, missionary spirit of service in the lives of the alumnae who have gone forth to take their place in the great work of caring for the ills of mankind. In the training schools we are trained almost exclusively in the care of the human body, and yet the motto of our profession teaches us that we deal with human lives, not human bodies alone. It is impossible for the world to get, or for us to give, too much of this kind of service. It is its own reward. The more you give the richer you become. Our profession brings us constantly into closest contact with human souls. We are with our fellow creatures in storm and stress. Such contact is sure to affect us in one of two ways. It is a fire which destroys or purifies; it enobles or helps to make us callous. It drives us to either shut our ears to the message of our work, causing us to become coarsened, hardened and narrowed, as is inevitable when we look upon our work simply as a means of livelihood—or, to meet the world's revelations with a faith which is the essence of religion. It is this high standard which the student nurse wants to see in the alumnae.

Then she expects coöperation. The success of any movement depends upon the coöperation and team work of those who are concerned in it. The individual is small indeed who has no ideas of his own, who never differs from his fellow men, but who blindly follows without knowing why. But on the other hand it takes a broad minded, whole souled individual, one who is full of enthusiasm and love for his work, to be able to lay aside all petty differences and work with others for the end in view. The world is full of opportunities for the accomplishment of great things. Only a beginning has been made in many fields. It is only by the combined efforts and unfaltering courage of any organization that the goal is reached.

Along with this comes enthusiasm. The student nurse expects the alumnae to be in earnest and full of enthusiasm in their work. She wants an alumnae association to which she can point with pride as being an up-to-date organization; which accomplishes any task it undertakes whether it be work or pleasure. To quote Theodore Roosevelt: "When you work, work hard; and when you play, play hard."

And then the student nurse expects success of the alumnae. Success always, eventually crowns any effort put forth for the betterment of mankind, though it may be only after years of apparent failure. The spirit which wins success is one which cannot be discouraged and is eager to learn even by what the world calls failure. A spirit which cannot be hurt, shocked, or wounded, is invulnerable

to insult, taunt, and annoyance, so small and puny they seem as we look through them to the prize of our high calling.

He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration, whose memory a benediction.

EQUIPMENT AND PROCEDURE FOR INTUBATION

BY HAZEL L. JENNINGS, R.N.

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EQUIPMENT: Table (high and firm), Bath Blanket, Safety Pins, Roll (hard roll at upper edge of table), Paper Bag, Gauze, Gowns, Mouth Prop, Intubator, Tubes (three sizes and threaded), Scissors.

PROCEDURE: The nurses and doctors put on gowns. Gauze is tied over the mouth and nose.

The bath blanket is placed diagonally on the table with the top corner turned down. The other corners are laid in narrow folds. A covered sand bag makes a good roll for the top of the table.

The other equipment is placed on a table conveniently near.

The patient is placed on the table. The bottom corner of the bath blanket is brought over the feet. The left corner is brought across the patient and tucked under his right arm. The right corner of the blanket is brought across and tucked under the left side of the patient. The blanket is then pinned closely at the neck. This restrains the arms and feet of a child very well.

The roll is placed under the patient's shoulders and his head rests on the table.

The doctor's assistant holds the patient's head firmly and a nurse restrains the movements of the child.

The mouth prop is placed in position.

The tube, of the proper size and threaded, is placed on the intubator.

The doctor intubes the patient by placing the tube at the back of the throat and slipping it into position. It is held in place by the larynx.

The thread may be cut and withdrawn, or left attached to the tube, according to the doctor's wishes.